

Entered -4-13-99 - sb
CL 99L0210- GWENDOLYN BURNS

CLAIM OF: LENBROOK SQUARE
3747 Peachtree Road, NE
Atlanta, Georgia 30319

01-R-1554

For property damages alleged to have been sustained as a result of a
sewer back up at 3580 Piedmont Road, NE on March 30, 1999.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. O'Connell DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0210

Date: September 12, 2001

Claimant /Victim LENBROOK SQUARE
 BY: (Atty) (Ins. Co.) _____
 Address: 3747 Peachtree Road, NE, Atlanta, Georgia 30319
 Subrogation: _____ Claim for Property damage \$ Unspecified Bodily Injury \$ _____
 Date of Notice: 4/1/99 Method: Written, Proper X Improper _____
 Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____
 Date of Occurrence 3/30/99 Place: 3580 Piedmont Road, NE
 Department PUBLIC WORKS Division Sewer Operations
 Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that it sustained property damages from a sewer back up. An investigation determined that the City responded to the back up in a timely manner and found grease deposits in claimant's service lateral line. The service lateral line was cleared and the mainline was degreased. Furthermore, the mainline was inspected and there was nothing found in the line that could have caused or encouraged a grease blockage. Lastly, the investigation showed that the grease blockage resulted from grease entering the system from the cafeteria located on claimant's property which is a violation of the City's grease ordinance (Atlanta City Code § 154-297). The operation of the City sewer system is a government function and the City is immune from liability as set forth in O.C.G.A. § 36-33-1.

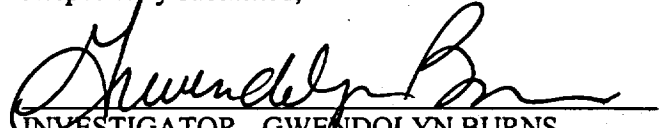
INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
 Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____

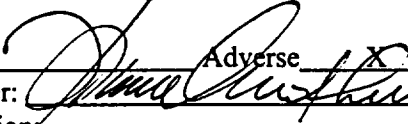
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
 Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
 City not involved _____ Offer rejected _____ Compromise settlement _____
 Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
 Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


 INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
 Claims Manager:  Concur/date 09-14-01
 Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERKCity Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: March 30, 1999

Dear Municipal Clerk:

ENTERED - 4-13-99 - SB
99L0210 - DIANNE MITCHELLThis is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ UNKNOWN property and/or \$ UNKNOWN bodily injury for which I contend the City is liable.

1. Date of incident: March 30, 1999 2. Time of Incident: 0830 AM 3. Police called: X
(month/day/year) Yes No
4. Location of incident (including street address): LENBROOK SQUARE 3747 Peachtree Rd NE, ATLANTA, GA 30319
5. Name of your insurance company: HARTFORD INSURANCE Policy No. 4200VB60949U
6. State what and how incident occurred: CITY SEWER LINE ^{BACKUP} CAUSING FLOODING OF LENBROOK SQUARE MAIN DINING ROOM, KITCHEN, PRIVATE DINING ROOM, MARKETING OFFICE, SUNDRIES STORE, BASEMENT, LAUNDRY, CHILDER ROOM AND VARIOUS OTHER OFFICES AND ROOMS IN A SENIOR CITIZEN FACILITY
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above. LENBROOK SQUARE

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Richard K Austin
Signature of Claimant
ASSISTANT ADMINISTRATOR
LENBROOK SQUARE
01-R -1554

Richard K Austin
(Print Claimant's Name)

3747 Peachtree Road
(Address)

ATLANTA, GA 30319
(City, State and Zip Code)

(404) 233-3000 (770) 394-8726
(Work Number) (Home Number)